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Image# 201601279004645540

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X FO	or Other Than An Aut	horized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
, MFA PAC			
ADDRESS (number and street)	PO Box 21664		
Check if different			
than previously reported. (ACC)	ROANOKE		VA 24018 - L L L L L L L L L L L L L L L L L L
2. FEC IDENTIFICATION NUI	MBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00467639		S THIS X NEW (N) OI	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (Q1		20 (M4) Jul 20 (M7	
July 15 Quarterly Report (Q2	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3	Report for the:	Convention (12C)	Special (12S)
X January 31 Year-End Report (YE	Electio	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on	in the State of
5. Covering Period 07	01 2015	through 12	M / D D / Y D Y D Y D Y D Y D D D D D D D
I certify that I have examined this	Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Novel Martin		
Signature of Treasurer Novel 1	Martin	[Electronically Filed]	Date 01 / 22 / 2016
NOTE: Submission of false, erroned	ous, or incomplete information	n may subject the person signing	g this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MFA PAC 07 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 18054.05 January 1, 2015 (b) Cash on Hand at 18180.19 Beginning of Reporting Period..... 15844.30 5944.25 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 24124.44 33898.35 6(a) and 6(c) for Column B)..... 15569.32 25343.23 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 8555.12 8555.12 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ı	M	F	Α	Р	Α	C
	IVI		$\overline{}$		$\overline{}$	v

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	1	
(a) Individuals/Persons Other		
Than Political Committees	5044.05	45700.00
(i) Itemized (use Schedule A)	5944.25	15769.30
(ii) Unitemized	0.00	75.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	5944.25	15844.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	5044.25	15844.30
Totals to Line 33, page 5)	5944.25	13044.30
Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	,	,
to Federal Candidates and Other		0.00
Political Committees	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
, , , , , , , , , , , , , , , , , , , ,	7	
(b) Levin Funds (from Schedule H5)	0.00	0.00
i i		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5944.25	15844.30
,, ., ., ., ., ., ., .,,	7	7
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	5944.25	15844.30

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating Expenditures: —	Total Tillo I Cilou	Calelidal Teat-10-Date	
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating	2060 22	5042.22	
Expenditures(c) Total Operating Expenditures	3069.32	5843.23	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	3069.32	5843.23	
Transfers to Affiliated/Other Party			
Committees	0.00	0.00	
Contributions to Federal Candidates/Committees			
and Other Political Committees	12500.00	19500.00	
Independent Expenditures	0.00	0.00	
(use Schedule E)	0.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
(use Schedule F)	3.00	0.00	
Loan Repayments Made	0.00	0.00	
Louir riepayments iviade	7		
Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other			
Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
(333 233 23 (2), (2), 333 (2), 333 (2)		7	
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)	0.00	0.00	
(i) Federal Share	0.00	3	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely	7	7 7	
With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
_		,	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15569.32	25343.23	
Total Fadaral Dishuraamanta			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	15569.32	25343.23	
nom Line or j	10000.02	255.6.25	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5944.25	15844.30
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5944.25	15844.30
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	3069.32	5843.23
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	3069.32	5843.23

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MFA PAC Full Name (Last, First, Middle Initial) Novel Martin Date of Receipt Mailing Address 2917 Penn Forest Blvd. 2015 09 08 City Zip Code State Transaction ID: SA11AI.4931 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing C 769.25 federal political committee. Individual contribution (\$153.85 semi-monthly) Name of Employer Occupation CFO Medical Facilities of America Receipt For: Aggregate Year-to-Date ▼ Primary General 2769.30 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Tubbs Date of Receipt Mailing Address 2917 Penn Forest Blvd 10 05 2015 City State Zip Code Transaction ID: SA11AI.4932 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing 175.00 federal political committee. Individual contribution (\$25 semi-monthly) Name of Employer Occupation Raleigh Court Health & Rehabil Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karen Waldron Date of Receipt Mailing Address 2917 Penn Forest Blvd M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.4930 Roanoke VA 24018 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Individual contribution Name of Employer Occupation Medical Facilities of America Partner Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 5944.25 SUBTOTAL of Receipts This Page (optional)..... 5944.25 TOTAL This Period (last page this line number only).....

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DC FHZ'G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.4931

Payroll deduction

Form/Schedule: SA11AI Transaction ID: SA11AI.4932

Payroll deduction

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 8 OF 13
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 2	23 24 25 26 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)  MFA PAC	a and address of any political	25	SONOR SONING	action out to committee.
Full Name (Last, First, Middle Initial)			D : (D: )	
A. Alston & Bird, LLP			Date of Disb	ursement / Y Y Y Y Y
Mailing Address 950 F St. N.W.			08	19 2015
,	State Zip Code		Transactio	n ID : SB21B.4937
Washington Purpose of Disbursement	DC 20004			
Legal expenses		001	Amount of E	ach Disbursement this Period
Candidate Name		Category/		909.50
Office Sought: House Disbursem	pent For:	Туре		300.00
Senate	Primary General  Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)  B. Medical Facilities of America, Inc.			Date of Disb	ursement
Mailing Address 2917 Penn Forest Blvd.			07	31 2015
,	State Zip Code VA 24018		Transactio	n ID : SB21B.4935
Administrative expenses		001	Amount of E	ach Disbursement this Period
Candidate Name	1	Category/ Type		750.00
	nent For:  Primary General  Other (specify)			
Full Name (Last, First, Middle Initial)  C. Medical Facilities of America, Inc.			Date of Disb	ursement
Mailing Address 2917 Penn Forest Blvd.			10	27 2015
Roanoke	State Zip Code VA 24018		Transactio	n ID : SB21B.4940
Purpose of Disbursement Administrative expenses Candidate Name	[	001 Category/ Type	Amount of E	ach Disbursement this Period
	nent For: Primary General Other (specify)	.,,,,		
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).				2464.10

SCHEDULE B (FEC Form 3X)	Lico concrete achadula(=)	FOR LINE I		PAGE 9 OF 13
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  MFA PAC	ie and address of any pointice	i committee to	SOIICIT CONTINUATIONS	nom such committee.
Full Name (Last, First, Middle Initial)			Data of Diahumaan	
A. Medical Facilities of America, Inc.			Date of Disburser	
Mailing Address 2917 Penn Forest Blvd.			12 30	
,	State Zip Code		Transaction ID :	SB21B 4948
Roanoke Purpose of Disbursement	VA 24018		Transaction is	05215.4040
Administrative expenses		001	Amount of Each [	Disbursement this Period
Candidate Name		Category/		240.00
		Type		310.00
Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)  B. Wells Fargo			Date of Disburser	ment
Markey Address and a second			M M / D 1	
Mailing Address 4206 Electric Road			07 13	2015
City S Roanoke	State Zip Code VA 24018		Transaction ID	: SB21B.4934
Purpose of Disbursement Administrative expenses - bank charge		001	Amount of Each [	Disbursement this Period
Candidate Name		Category/ Type		49.23
	nent For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)  C. Wells Fargo			Date of Disburser	
Mailing Address 4206 Electric Road			08 11	
,	State Zip Code VA 24018		Transaction ID	: SB21B.4936
Purpose of Disbursement Administrative expenses - bank charge		204		
Candidate Name		001 Category/ Type	Amount of Each [	Disbursement this Period 50.94
Office Sought: House Disbursen Senate President State: District:	nent For: Primary General Other (specify) ▼	туре	7	
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)			7	410.17

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 10 OF 13
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)  MFA PAC	the and address of any political	Committee to	SOIGH COMMISSIONS INC	on such commuce.
Full Name (Last, First, Middle Initial)				
<sup>A.</sup> Wells Fargo			Date of Disburseme	
Mailing Address 4206 Electric Road			09 11	2015
City	State Zip Code		Transaction ID : S	SB21B 4938
Roanoke Purpose of Disbursement	VA 24018		Transaction ib . c	JD2 1 D. <del>1</del> 3 3 0
Administrative expenses - bank charge		001	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		40.00
		Туре		49.23
Office Sought: House Disburse Senate President	ment For:  Primary General  Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)  B. Wells Fargo			Date of Disburseme	
Mailing Address 4206 Electric Road			10 13	2015
City Roanoke	State Zip Code VA 24018		Transaction ID : S	SB21B.4939
Purpose of Disbursement Administrative expenses - bank charge		001	Amount of Each Dis	sbursement this Period
Candidate Name	I	Category/ Type		49.00
Office Sought:  House  Senate  President  State:  Disburse	ment For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)  C. Wells Fargo			Date of Disburseme	
Mailing Address 4206 Electric Road			11 12	2015
City Roanoke	State Zip Code VA 24018		Transaction ID : S	SB21B.4942
Purpose of Disbursement Administrative expenses - bank charge Candidate Name		001 Category/ Type	Amount of Each Dis	sbursement this Period 48.45
Office Sought:  Senate  President  State:  Disburse	ment For: Primary General Other (specify)	.,,,,		
SUBTOTAL of Disbursements This Page (optional).  TOTAL This Period (last page this line number only				146.68

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SCHEDULE B (FEC Form 3X)	Haraman L. I. C.	FOR LINE	NUMBER:	PAGE 11 OF 13
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b 27	22 23 28a 28k	24 25 26 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  MFA PAC	7.			
Full Name (Last, First, Middle Initial)				
A. Wells Fargo			Date of Disbur	sement / Y Y Y Y Y Y
Mailing Address 4206 Electric Road			12	112015
Roanoke	State Zip Code VA 24018		Transaction l	D : SB21B.4947
Purpose of Disbursement Administrative expenses - bank charge		001	Amount of Eac	h Disbursement this Period
Candidate Name		Category/ Type		48.37
Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbur	
Mailing Address			M M / D	D / Y Y Y Y Y
City	State Zip Code			
Purpose of Disbursement		· · · ·	Amount of Eac	h Disbursement this Period
Candidate Name		Category/ Type		
President	nent For: Primary General Other (specify) ▼	Nr.	,	,
State: District:				
Full Name (Last, First, Middle Initial)  C.			Date of Disbur	
Mailing Address			M M / D	D / Y Y Y Y
City	State Zip Code			
Purpose of Disbursement			Amount of Eco	h Disbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disbursen Senate President State: District:	nent For: Primary General Other (specify)	71.		
SUBTOTAL of Disbursements This Page (optional)		······		48.37
TOTAL This Period (last page this line number only)				3069.32

SCHEDULE B (FEC Form 3X)	Litera consensato coloradorio	FOR LINE	NUMBER: PAGE 12 OF 13
TEMIZED DISBURSEMENTS	Use separate schedule for each category of the	no   (orlock orliy	,
	Detailed Summary Pag		22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Stater	nente may not be sold o		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
MFA PAC			
/			
Full Name (Last, First, Middle Initial)	O DA O		Date of Disbursement
A. MAJORITY COMMITTEE PACM	CPAC		
Mailing Address P.O. BOX 10134			10 30 2015
- 9	State Zip Code		Transaction ID : SB23.4941
BAKERSFIELD Purpose of Disbursement	CA 93389		
Political contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
KEVIN MCCARTHY		Type	2500.00
	nent For: 2015		
Senate	Primary General	al	
State: CA District: 22	Other (specify) ▼ Other		
Full Name (Last, First, Middle Initial)			
B. PROSPERITY ACTION INC.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 320 1ST STREET SE			11 30 2015
C:4.	State Zin Code		
City : WASHINGTON	State Zip Code DC 22314		Transaction ID : SB23.4946
Purpose of Disbursement		T	
		044	Amount of Each Disbursement this Period
Political contribution		011	, or o
Candidate Name		Category/	
Candidate Name PAUL D. RYAN	mont Four 2015		5000.00
Candidate Name PAUL D. RYAN Office Sought: House Disburser	ment For: 2015	Category/ Type	
Candidate Name PAUL D. RYAN Office Sought:  House Senate Disburser	Primary Genera	Category/ Type	
Candidate Name PAUL D. RYAN Office Sought:  House Senate Disburser		Category/ Type	
Candidate Name PAUL D. RYAN  Office Sought:    House   Disburser	Primary General General Other (specify) ▼	Category/ Type	
Candidate Name PAUL D. RYAN  Office Sought:    House   Disburser	Primary General Other (specify) ▼ Other	Category/ Type	
Candidate Name PAUL D. RYAN  Office Sought:  Senate President State: WI District: 01  Full Name (Last, First, Middle Initial)  C. REPUBLICAN PARTY OF KENTU	Primary General Other (specify) ▼ Other	Category/ Type	Date of Disbursement
Candidate Name PAUL D. RYAN  Office Sought:  Senate President State: WI District: 01  Full Name (Last, First, Middle Initial)	Primary General Other (specify) ▼ Other	Category/ Type	Date of Disbursement
Candidate Name PAUL D. RYAN  Office Sought:  Senate President State: WI District: 01  Full Name (Last, First, Middle Initial)  C. REPUBLICAN PARTY OF KENTU  Mailing Address PO BOX 1068	Primary General Other (specify) ▼ Other	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PAUL D. RYAN  Office Sought:  Senate President State: WI District: 01  Full Name (Last, First, Middle Initial)  C. REPUBLICAN PARTY OF KENTU  Mailing Address PO BOX 1068  City FRANKFORT	Primary General Other (specify)  Other	Category/ Type	Date of Disbursement
Candidate Name PAUL D. RYAN  Office Sought:  Senate President State: WI District: 01  Full Name (Last, First, Middle Initial)  C. REPUBLICAN PARTY OF KENTU  Mailing Address PO BOX 1068  City FRANKFORT Purpose of Disbursement	Primary General Other (specify)  Other  CKY  State Zip Code	Category/ Type	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PAUL D. RYAN  Office Sought:  Senate President State: WI District: 01  Full Name (Last, First, Middle Initial)  C. REPUBLICAN PARTY OF KENTU  Mailing Address PO BOX 1068  City FRANKFORT  Purpose of Disbursement Political contribution	Primary General Other (specify)  Other  CKY  State Zip Code	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PAUL D. RYAN  Office Sought:  Senate President State: WI District: 01  Full Name (Last, First, Middle Initial)  C. REPUBLICAN PARTY OF KENTU  Mailing Address PO BOX 1068  City FRANKFORT Purpose of Disbursement	Primary General Other (specify)  Other  CKY  State Zip Code	Category/ Type  al  O11  Category/	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PAUL D. RYAN  Office Sought:  Senate President State: WI District: 01  Full Name (Last, First, Middle Initial)  C. REPUBLICAN PARTY OF KENTU  Mailing Address PO BOX 1068  City FRANKFORT Purpose of Disbursement Political contribution  Candidate Name	Primary General Other (specify)  Other  CKY  State Zip Code	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PAUL D. RYAN  Office Sought:  Senate President State: WI District: 01  Full Name (Last, First, Middle Initial)  C. REPUBLICAN PARTY OF KENTU  Mailing Address PO BOX 1068  City FRANKFORT Purpose of Disbursement Political contribution  Candidate Name  Office Sought: House Senate  Disburser	Primary General Other (specify)  Other Other  CKY  State Zip Code KY 40602	Category/ Type  al  O11  Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PAUL D. RYAN  Office Sought:  Senate President State: WI District: 01  Full Name (Last, First, Middle Initial)  C. REPUBLICAN PARTY OF KENTU  Mailing Address PO BOX 1068  City FRANKFORT Purpose of Disbursement Political contribution  Candidate Name  Office Sought:  House Senate President  Senate President	Other (specify)  Other  Other	Category/ Type  al  O11  Category/ Type  al	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PAUL D. RYAN  Office Sought:  Senate President State: WI District: 01  Full Name (Last, First, Middle Initial)  C. REPUBLICAN PARTY OF KENTU  Mailing Address PO BOX 1068  City FRANKFORT Purpose of Disbursement Political contribution  Candidate Name  Office Sought: House Senate  Disburser	Primary General Other (specify)  Other Other  CKY  State Zip Code KY 40602	Category/ Type  al  O11  Category/ Type  al	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PAUL D. RYAN  Office Sought:  Senate President State: WI District: 01  Full Name (Last, First, Middle Initial)  C. REPUBLICAN PARTY OF KENTU  Mailing Address PO BOX 1068  City FRANKFORT Purpose of Disbursement Political contribution  Candidate Name  Office Sought:  House Senate President State:  District:	Primary General Other (specify)  Other Other  CKY  State Zip Code KY 40602  ment For: 2015 Primary General Other (specify)  Other	Category/ Type  al  O11  Category/ Type  al	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PAUL D. RYAN  Office Sought:  Senate President State: WI District: 01  Full Name (Last, First, Middle Initial)  C. REPUBLICAN PARTY OF KENTU  Mailing Address PO BOX 1068  City FRANKFORT Purpose of Disbursement Political contribution  Candidate Name  Office Sought:  House Senate President  Senate President	Primary General Other (specify)  Other Other  CKY  State Zip Code KY 40602  ment For: 2015 Primary General Other (specify)  Other	Category/ Type  al  O11  Category/ Type  al	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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Form/Schedule: SB23 Transaction ID: SB23.4944

Contribution to Federal Account

Form/Schedule: Transaction ID: